

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 36872

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>26 yrs</u>		c. CITY OR TOWN <u>West Plains 0461</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Davis Street 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin Warren</u> b. (Middle) <u>Waldridge</u> c. (Last) <u>Waldridge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-50</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>9-25-1906</u>	
9. AGE (In years last birthday) <u>44</u>		10. MONTHS <u>7</u>		11. DAYS <u>21</u>		12. HOURS <u>1</u> MIN. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Thayer, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>Edwin Waldridge</u>				13b. MOTHER'S MAIDEN NAME <u>Myrtle Hughton</u>			
14. NAME OF HUSBAND OR WIFE <u>Myrtle Cushman</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) _____			
16. SOCIAL SECURITY NO. <u>2</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Cushman</u>			
18. ADDRESS <u>West Plains Mo</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd & 4th degree Burns - Patient in a house that burned.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>burned.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>16</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>046</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Neighbors Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains - Howell - Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-8-1950 7:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HOUSE BURNED</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William D. D. Carver</u>				23b. ADDRESS <u>Howell Co West Plains, Mo</u>		23c. DATE SIGNED <u>27/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11</u>		24b. DATE <u>11/10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-28-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FUNDING DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
City No. Springfield
LICENSED DEC 4 1950
Dist. File 1250-2407
Date Filed 12-8-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No. 3437

P. O. Address. West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.